Child & Adult Care Food Program

Child Care Centers

CNP Web Tutorial
FY2018

Child Nutrition Programs
Teaching and Learning Support
801 West 10th Street, Suite 200
P.O. Box 110500
Juneau, Alaska   99811-0500
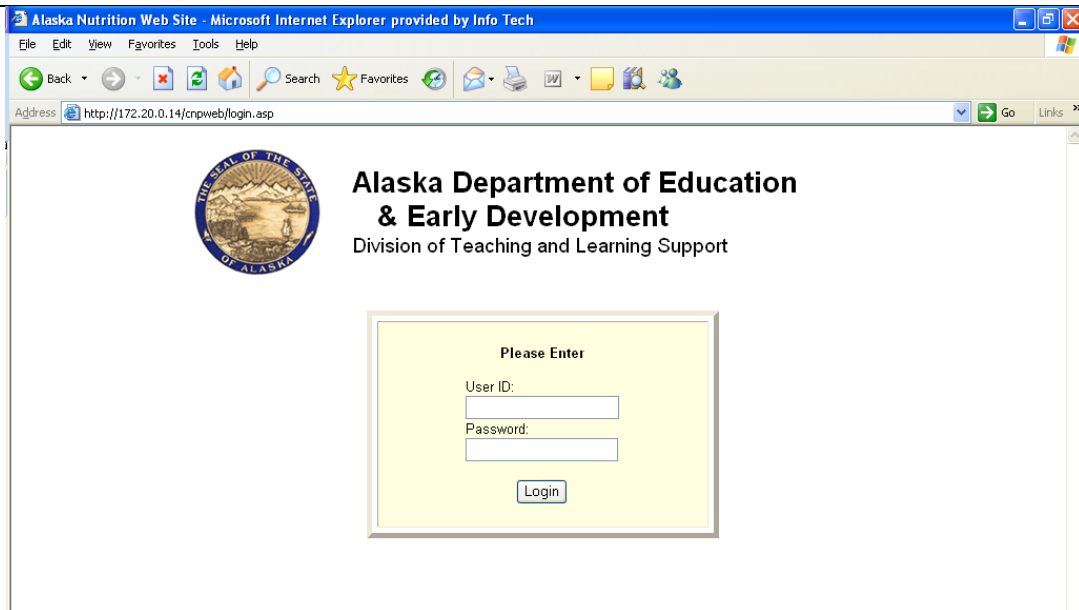*Phone (907) 465-8711*
Fax (907) 465-8910

Please note, our database is frequently modified by our contractor so the screen prints that you see in this tutorial may not match exactly what you see on your screen. If you have questions you may contact the State Agency (SA) Child Nutrition Programs (CNP) for guidance.

Bookmark the following URL address for EED Child Nutrition Programs webpage: –
http://education.alaska.gov/tls/cnp/
(Note – new web page address)

Use this to access the CNP Web Login in right hand column

Type in your User ID and Password that has been provided by the state agency (SA).

If you are unable to access the internet at your facility you must apply for a waiver from SA to do hard copy updates and claims.

Click on the orange puzzle piece to enter the CACFP Database

Alaska Department of Education & Early Development
Division of Teaching and Learning Support

School Nutrition Program

Child and Adult Care Food Program

Summer Food Service Program

Food Distribution Program

Click on a puzzle piece above for the Child Nutrition Program you wish to access!

Exit Web Site

Read Welcome page for any new alerts regarding the CNP Web, and click on Continue

After reading this message, click on the "Continue" button at the bottom of the page.

**Welcome to the
Child and Adult Care Food Program
(CACFP)**

**View the most current CACFP Child Care Bulletin:
2017-05**

USDA CACFP Policy Memos:	Date Issued:
15-2017: 2017 Edition of the Eligibility Manual for School Meals	6/29/2017
14-2017: Modifications to Accommodate Disabilities in the Child and Adult Care Food Program and Summer Food Service Program	6/22/2017
13-2017 Transition Period of Updated CACFP, Infant, Preschool Meal Patterns	5/10/2017
12-2017 Child Nutrition Program Waiver Request Guidance and Protocol	5/1/2017
11-2017 Request for Additional FY 2017 CACFP Audit Funds	4/12/2017
10-2017 Taking Food Components Offsite in the At-Risk Afterschool Component of the Child and Adult Care Food Program	4/6/2017
09-2017 Vegetable and Fruit Requirements in the Child and Adult Care Food Program; Q&A's	3/23/2017

Continue

Alaska Department of Education & Early Development — Child and Adult Care Food Program — CACFP web — Programs Logoff Advances Accounting Maintenance Reports Resources Year Program Year: 2018 Spons **Program Year Selection** 	Program Year	Program Begin Date	Program End Date
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2007	October 1, 2006	September 30, 2007
2008	October 1, 2007	September 30, 2008
2009	October 1, 2008	September 30, 2009
2010	October 1, 2009	September 30, 2010
2011	October 1, 2010	September 30, 2011
2012	October 1, 2011	September 30, 2012
2013	October 1, 2012	September 30, 2013
2014	October 1, 2013	September 30, 2014
2015	October 1, 2014	September 30, 2015
2016	October 1, 2015	September 30, 2016
2017	October 1, 2016	September 30, 2017
2018	October 1, 2017	September 30, 2018		**Select the program year you wish to add update (2018)** *Note- you can view prior year's program information & claims but please DO NOT edit any prior year information. (Note: It will be available by the time you do this step)
↓ Bottom of Form **Sponsor Summary** **CACFP New Sponsor (500)** 	Packet	Applications	Claims	Payments	Users
---	---	---	---	---
Form Name	Revision	Status	Date Approved	Action
Sponsor Info Sheet		No Information Sheet		Add
Center Info Sheet				
501 New Sponsor Site		No Information Sheet		| ↑ Top of Form	The sponsor sheet and sites from prior years will come forward into the new year. You will need to click the "Add" button to update your sponsor information sheet.
Program Year: 2014 Sp **CACFP** Alaska Dept of Education & Early Development Sponsor Information Sheet **CACFP TEST** 2013-2014 Program Year **(501)** Pending Submission D-U-N-S® Number: has not been entered **New Application** ↓ Bottom of Form **If available, please enter Sponsor's D-U-N-S® #** [ ] [Update D-U-N-S®Nbr] **Mailing Address** **Street Address** (1) Addr1: [ ] (6) Addr1: [ ] (2) Addr2: [ ] (7) Addr2: [ ] (3) City: [ ] (8) City: [ ] (4) State: [AK ▼] (5) Zip Code: [ ] (9) State: [AK ▼] (10) Zip Code: [ ]	Review your addresses and update as necessary.

Authorized Representative **Food Program Contact**	Review your authorized representative and food program contact & update as necessary. If you are a non-profit there should be two different names.

Authorized Representative

             First   MI   Last

(11) Name: Ms. ▾ [ ] [ ] [ ]
(12) Title: [ ]
(13) E-mail: [ ]
(14) Phone: [ ]   (15) Ext: [ ]
(16) Fax: [ ]   (17) Ext: [ ]
(18) Cell: [ ]
(19) Contact's Address: Mailing Address ▾

Food Program Contact

             First   MI   Last

(20) Name: Ms. ▾ [ ] [ ] [ ]
(21) Title: [ ]
(22) E-mail: [ ]
(23) Phone: [ ]   (24) Ext: [ ]
(25) Fax: [ ]   (26) Ext: [ ]
(27) Cell: [ ]
(28) Contact's Address: Mailing Address ▾

☐ Check here to copy Authorized Representative to Food Program Contact

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Financial Contact

             First   MI   Last

(29) Name: Ms. ▾ [ ] [ ] [ ]
(30) Title: [ ]
(31) E-mail: [ ]
(32) Phone: [ ]   (33) Ext: [ ]
(34) Fax: [ ]   (35) Ext: [ ]
(36) Cell: [ ]
(37) Contact's Address: Mailing Address ▾

Review your financial contact and update as necessary. This is the person the SA will call if questions arise on claims.

General Information

(38) Type of Sponsoring Authority: **Public**   FEIN:

(39) Is the Sponsor a School Food Authority?   ○ Yes ○ No

(40) Sponsoring Type: ○ Independent Sponsor (One Center)   ○ Sponsoring Organization

    If **Sponsoring Organization** selected above, check all entity types that are sponsored

(41)   ☐ Homes   ☐ Centers that are legal entities of the sponsor   ☐ Centers that are not legal entities of the sponsor

Make sure we have the correct type of sponsoring authority:
*public
*private non-profit
*private for-profit

Let the SA know if incorrect

Answer the questions.

Vendor/Food Service Management Company and Contract Information

If Sponsor contracts with a Vendor or Food Service Management Company (FSMC) for meals served at ANY of the Sponsor's sites, please complete information for each Vendor/FSMC the Sponsor contracts with.

(42) Name of the Agency and Contact Person that facilitates procurement of the Vendor/FSMC Contract(s):

(43-1) Vendor/Food Service Management Company 1:

Type of Vendor / FSMC

Vendor/FSMC Name (A)	Address (B)	City (C)	State (D)	Zip (E)
			AK	

Contact Name (F)	Email Address (G)	Phone Number (H)	Phone Ext. (I)

Contract Begin Date (J)	Contract End Date (K)	Contract Amount (L)

Contract or contract renewal approved: (M) ○ Yes ○ No

[Add Lines]   Click here to enter additional Vendors and/or Food Service Management Companies

If you're purchasing meals from a vendor enter the information in this section. If you have multiple vendors click the button to Add Lines.

For Sponsors of Centers Only

(45) USDA Commodities are available to sponsors of centers.
Please select either Cash-In-Lieu (CIL) of Commodities or Government Donated Commodities.
◉ Cash-in Lieu of Government-donated Commodities
○ Government Donated Commodities

USDA Commodities:
 Bulk products available through USDA based on average daily attendance
 Place order in February for following year
 Products usually delivered in the fall
 Need space for storage

For Centers: Check if you'd like Cash-in-Lieu of Commodities (CIL) or Commodities.

CIL rate changes yearly. 7/1/16-6/30/17 = $.23 per lunch/supper

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Number of Sites/Homes

Pricing Sites (43)	Non-Pricing Sites (44)	Tier I Homes (45)	Tier II Homes (46)	Tier II Mixed Homes (47)
0	0	0	0	0

For Sponsors of FDCH: These fields will auto fill after you've entered provider information.

Confidential Income Statement Categorization [1]

	First	MI	Last
(51)Name:			
(52)Title:			
(53)E-mail:			
(54)Phone:		(55) Ext:	

1 Enter the name, title, phone number and email address of the person who is responsible for approving the application for free and reduced-price meals

Claim Reimbursement Certification [2]

	First	MI	Last
(56)Name:			
(57)Title:			
(58)E-mail:			
(59)Phone:		(60) Ext:	

2 Enter the name, title, phone number and email address of the person person who is responsible for certifying the claim for reimbursement

Fill in who is responsible for the Confidential Income Statements (CIS) and the Claim.

Please describe below the controls your organization has in place to backup these persons in the event they are no longer employed by your organization or cannot complete these tasks.

(52)

Documentation of meals and supplements served must be made at point of service. Point of service is defined as the place and time at which meals are served. Please describe below how your organization ensures that meals are documented at point of service. (NOTE :: Required ONLY for Sponsors of Centers NOT for Sponsors of homes.)

(53)

Please be specific when answering the questions.

Cacfp Sponsor Center Budget

(63) Please Enter Proposed Expenditure Amounts into those Categories for which, you indend to Claim.

Category	Amount
Operating Costs	
(1) Food Expenses	
(2) Non Food Kitchen Expenses	
(3) Operating Labor (wages and taxes)	
(4) Operating Labor (Benefits)	
(5) Operating Purchased Services	
(6) Operating Equipment	
(7) Operating Transportation	
(8) Operating - Rental/Lease	
(9) Operating - Other	
Administrative Costs	
(10) Administrative Labor (wages and taxes)	
(11) Administrative Labor (Benefits)	
(12) Administrative Professional Services	
(13) Administrative Indirect Costs	
(14) Administrative Purchased Services	
(15) Administrative Supplies	
(16) Administrative Transportation/Monitoring	
(17) Administrative - Rental/Lease	
(18) Administrative Communications	
(19) Administrative Insurance	
(20) Administrative Audit	
(21) Administrative - Other	

Enter budget amounts that were submitted on the Excel budget – Single site centers may be using FY2017 budget – so enter those numbers. If you've updated your budget in FY18 enter the new budget line item amounts. Mulit-site must complete new budget each year.

Civil Rights Annual Requirement

Civil Rights Compliance for Sponsors of Day Care Homes

(63) Does your program annually monitor civil rights compliance? ⦿ Yes ◯ No

(64) Is an annual Civil Rights Review form kept in each providers file for review? ⦿ Yes ◯ No

Civil Rights Compliance for Sponsors of Day Care Homes and/or Centers

(65) Has your organization had any civil rights complaints in the past year? ◯ Yes ⦿ No
(If **Yes**, please submit all complaint details to CNS.)

Disregard Questions for sponsors of day care homes.

Staff Training Topics

(76) List staff training dates for current fiscal year and topics to be presented:

(A) Training Date	(B) Training Topic
(1)	

[Add Training]   Click here to enter additional Training Items

Complete for all your planned CACFP training. Be specific and if you have site monitors they must be listed separately for their training

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Cacfp Site Monitoring Schedule and Log

(78) Please enter at least one Scheduled Date for Review per active Center

Center Name	(A) 1st Review Date	(B) 2nd Review Date	(C) 3rd Review Date
(1) center test	10/15/2017	3/15/2018	7/1/2018
(2) center test	10/15/2017	3/15/2018	7/1/2018

Multi-site sponsors must outline their scheduled review dates for upcoming program year.

Board Members

(79) Complete Board Member Information.
List each Board member's full legal name and any other names they have used. Include the Board Member's title. Check the box if board member holds any personal fiscal interest in the Institution's activities or is related to other board members or to the Institution's personnel. Provide an explanation if a fiscal interest or relationship to others exists.

Board Member 1

(A) Name: xx

(B) Other Names: xx

(C) Title: xx

(D) Fiscal Interest or Relationship: ◯ Yes ⦿ N/A

(E) If Yes to (D), please explain:

Non-profit agencies: Board members will complete the Certification of Principals form to be kept on file at your agency. Use information from that form to complete this section for all board members. (This does not include committee members who may not be on the official board. This does not include policy council members for Head Start agencies). Minimum of 3 and use the Add Board

Board Member 2

(A) Name: _____

(B) Other Names: _____

(C) Title: _____

(D) Fiscal Interest or Relationship: ○ Yes ◉ N/A

(E) If Yes to (D), please explain:

_____

Board Member 3

(A) Name: _____

(B) Other Names: _____

(C) Title: _____

(D) Fiscal Interest or Relationship: ○ Yes ◉ N/A

(E) If Yes to (D), please explain:

_____

[Add Board Members]   Click here to enter additional Board Members

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Certification

(78) ○ Yes ○ No The management plan on file with the State agency is complete and up to date.

(79) ○ Yes ○ No No sponsored facility, principal of a sponsored facility, the Institution itself, and/or the Institution's principals, are currently on the CACFP National Disqualified List.

(80) ○ Yes ○ No The outside employment policy most recently submitted to the State agency remains current and in effect.

(81) ○ Yes ○ No A budget for the upcoming year has been submitted to the State agency.

(82) ○ Yes ○ No The names, mailing addresses, and dates of birth of all current institution principals have been submitted to the State agency.

(83) ○ Yes ○ No The list of any publicly funded programs, institutions and principals having participated in the past seven years is current.

(84) ○ Yes ○ No The Institution itself, and the Institution's principals, have not been determined ineligible for any other publicly funded programs due to violation of that Program's requirements in the past seven years.

(85) ○ Yes ○ No No principals of the Institution have been convicted of any activity that occurred during the past seven years indicating a lack of business integrity.

(86) ○ Yes ○ No The Institution is currently compliant with the required performance standards of financial viability and management, administrative capability, and program accountability as described in 7 CFR §226.6(b)(2)(vii).

(87) ○ Yes ○ No I certify, by submission of this Sponsor Information Sheet, that neither the Sponsor nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. If I am unable to certify to any of the statements in this certification, I will submit an explanation to Child Nutrition Programs.

(88) ○ Yes ○ No Any of the above information that has changed since the initial application has already been submitted to the State agency or is being submitted with this certification.

(89) List the publicly funded programs in which this institution and its principals have participated in the past seven years.

xxxxx

Certification Questions: Check after reading each paragraph.

Fill in all publicly funded programs.

Certification *The certification statement should only be checked after the form entry is complete and is ready to be submitted to the state for review. If the data is incomplete or the form has errors the certification check will not be saved. Editing the form after it has been certified will require the certification statement to be rechecked.* (104) ☑ The person submitting this application is authorized to submit the application on behalf of the Sponsor. By submitting this application to the State Agency for approval, the Sponsor certifies that all information provided herein is true and accurate, that the Sponsor will directly operate the Program and accept final administrative and financial responsibility for all sites under its jurisdiction. In the operation of the Program, the Sponsor and all sites under its jurisdiction will comply with all provisions of 7CFR 226, 7CFR 15, 7CFR 15a, 7CFR 15b, 7CFR 240, 7CFR 3015-3019, 7CFR 3052 and meal patterns in 7CFR 210 and 7CFR 220 for meals prepared in schools participating in the National School Lunch and School Breakfast Programs when approved by Alaska Department of Education and Early Development Child Nutrition Programs. The Sponsor acknowledges that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject the Sponsor to prosecution under applicable State and Federal criminal statutes.	Check the box of the paragraph that applies to your program when you have read completely. *Center Sponsors should check box*
(60) Gracie Garden (61) 1/1/63 Name of Food Director — Birthdate (62) 500 West Gardenrow, Anchorage, AK 99517 Mailing Address of Food Director (63) Frannie Food (64) 1/1/64 Name of Executive Director — Birthdate (65) 500 Yummy Lane, ,Anchorage AK 99517 Mailing Address of Executive Director (66) Vera Vitamin (67) 1/1/62 Name of Chairman of the Board of Directors or Owner — Birthdate (68) 500 Vineyard Way, Anchorage AK 99517 Mailing Address of Chairman of the Board of Directors or Owner (69) General Comments:	Review your responsible parties and update all information with **home addresses** of each contact. These people are responsible for the CACFP Submit comments as necessary.
Submit Cancel	Click "Submit" to save the updated information.
Post Confirmation The **Sponsor Information Sheet** was posted to the database with a status of **Pending Submission**. When you have completed entering all of the forms required, please submit them to EED for final approval. Click here to go to the Sponsor Information Sheet Listing or select another option from the menu above.	After clicking "Submit" you will see this screen. The sponsor information sheet is now in Pending Submission. Next update your sites by clicking "here" you will be brought back to the Sponsor Summary Page
The Following Information is for Sponsors of Child Care Centers	
↓ Bottom of Form **Sponsor Summary** CACFP Test (50000)	Packet	Applications	Claims	Payments	Users	Form Name	Revision	Status	Date Approved	Action	**Sponsor Info Sheet** 0 Pending Submission — View Edit Delete **Center Info Sheet** 1test test — No Information Sheet — Add ↑ Top of Form	Click on "Add" to update the site information sheet(s). If you have new sites to add please see below for directions.

Center Information Sheet

Program Year: 20

Program Types	Revision Number	Date Created	Date Approved	Status
Adult Care Center				
Child Care Center				
Head Start Center				
Outside School Hours Center				
Homeless Shelter Center				
At Risk After School Snack Center				

Site: center test (1test) Sponsor: CACFP Test (50000)

You will need to click what type of site you are running – see below for definitions. If you have one site with two different programs you will go through this process twice **for the same site** (i.e. a Child Care Center and an At-Risk After School Snack Center).

If you have questions regarding the type of site you are running after reading the information below please feel free to contact Ann-Marie Martin at (907) 465-8711.

If you want to add a brand new site you must e-mail the CACFP Specialist at SA and include the new site/center name.   The Specialist will add the site/center and indicate when it is ready for you to populate the database with all pertinent information.

Child Care Center = Any public or private nonprofit or for-profit institution or facility licensed or approved to provide nonresidential child care services to enrolled children, primarily of preschool age, including but not limited to day care centers, Head Start centers and organizations providing day care services for children with disabilities.

Head Start Center = Licensed or approved to provide nonresidential services to Head Start participants under the Federally-funded Head Start Program.

Outside School Hours Center = A public or private nonprofit institution or facility or for-profit center that has met the state or local health and safety standards and provides organized nonresidential child care services to children during hours outside of school. (12 years and under)

At Risk After School Snack Center = A public or private nonprofit organization (including a school) which provides children with regularly scheduled activities in an organized structured and supervised environment, includes educational or enrichment activities, and is located in a geographical area served by a school in which 50% or more of the children enrolled are eligible for free or reduced price school meals. (school age children up through age 18 – or 19 if the child turns 19 during the school year)

CACFP
Center Information Sheet
Alaska Dept of Education & Early Development

center test
(1test)

CACFP Test (50000)
2008-2009 Program Year
Pending Submission
Renewal Application

↓ Bottom of Form

Mailing Address

(1) Addr1: xxxxxxxxx
(2) Addr2: xxxxxxxxx
(3) City: xxxxxxxxxxx
(4) State: AK (5) Zip Code: 99801

Street Address

(6) Addr1: xxxxxxxxx
(7) Addr2: xxxxxxxxx
(8) City: xxxxxxxxxxx
(9) State: AK (10) Zip Code: 99801

☑ Check here to copy Mailing Address to Street Address

Some of the information from prior years will roll forward. Review the addresses and update as necessary.

Enrollment Information	Insert your Rate % Certification Numbers. Leave blank until your 30-day study is complete, which will be after September 30, 2017. **This must be updated in CNP by October 10, 2017 to be considered within deadline.**

Enrollment Information

Program	(A) Free	(B) Reduced	(C) Over Income	(D) Total
(11) Child Care Center				

Submit Roster and Certification to State Agency

CNP must receive your One Month Enrollment Report (OMER) documentation before approval will take place. Mail, e-mail your OMER (Excel roster) to: Annmarie.martin@alaska.gov

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Cacfp Contact Person (for this program at this center)

	First	MI	Last
(12) Name:			

(13) Title:

(14) E-mail:

(15) Phone: (16) Ext:

(17) Fax: (18) Ext:

(19) Cell:

General Information

(19) Center Type: **Public**

(20) Center Administration: Legal Entity of the Sponsor

(21) Is this Center affiliated with a church? ○ Yes ● No

(22) Months of Operation: ☑ Oct ☑ Nov ☑ Dec ☑ Jan ☑ Feb ☑ Mar ☑ Apr ☑ May ☑ Jun ☑ Jul ☑ Aug ☑ Sep

(23) Age range of participants enrolled at this site (Check all that apply)
☐ 0-11 Months ☐ 1-2 Years ☑ 3-5 Years ☐ 6-12 Years ☐ 13-18 Years ☐ 18 Years-Over

At-Risk After School sites – DO NOT CHECK SUMMER MONTHS

Review contact person's information and update as necessary (if you have more than 1 site the contact person should be the staff member that is at the site, not the staff member who works at the main office).

Review General information and update as necessary.

Licensing Information

(25) Is this a licensed Center? ● Yes ○ No

(26) Number: xxxxxxxx   (27) Effective Date: 7/1/2011

(28) Capacity: 64   (29) Expiration Date: 7/1/2012

Review license # and Capacity & update if necessary. Fill in the two dates.

May be found seriously deficient if current license information is not in the database. Notify SA when moving. Cannot claim meals if not licensed and updated information not approved in database.

For Profit Centers Only

(36) Is this Center ○ For Profit - Title XIX / XX Beneficiaries ○ For Profit - Free and Reduced-Price Eligible

(37) Title XX Beneficiaries (Pass I, II, III) or Free and Reduced-Price Eligible [ ]   (39) Eligibility 0%

For Profit Centers: Click how you are verifying 25% eligibility and input number in that

For-profit child care centers may nto claim reimbursement for meals served to children in any month in which less than 25% of the children in care (enrolled or licensed capacity, whichever is less) were eligible for free/reduced meals or were title II beneficiaries (Child Care Assistance).	category for 30-day study month.

Review meal service information and update as necessary.

If using a vendor the click the arrow on right hand side of box & choose which vendor from the names you provided on the sponsor sheet.

Provide a thorough explanation for shift meals, if applicable.

Provide complete explanation if serving more than 2 meals/1 snack at your facility

Please explain any alternate meals to be served (ie every other Monday)

If you are closed on any holidays check the appropriate boxes.

Provide other close dates for the coming year.

(50) Does the center charge for any meals separate from Tuition? ○ Yes ◉ No

For Pricing Programs Only

(51) Breakfast [0.00] (Max 0.30)   (52) Lunch/Supper [0.00] (Max 0.40)   (53) Snack [0.00] (Max 0.15)

List the prices charged for reduced-price meals

Racial / Ethnic Data

The number of children (or adults, if this is an adult day care center) participating in the Program at this site must be reported each year. In the event that one or more racial/ethnic categories are not represented by actual beneficiaries served at this site, please enter a zero (0). If the form is submitted without completing an entry for each racial or ethnic category, the form will be returned with an error message.

Based on data collected at this site in the prior year, provide the number (not percentages) of participants at this site in each racial and ethnic category.

Ethnicity:

(54) [10] Hispanic/Latino
(55) [30] Non-Hispanic/Non-Latino

Race:

(56) [5] American Indian/Alaska Native
(57) [0] Asian
(58) [5] African American (Black)
(59) [0] Native Hawaiian or Other Pacific Islander
(60) [30] White
(61) [0] Other/Mixed

(62) General Comments:

[   ]

Certification

The certification statement should only be checked after the form entry is complete and is ready to be submitted to the state for review. If the data is incomplete or the form has errors the certification check will not be saved. Editing the form after it has been certified will require the certification statement to be rechecked.

(63) ☑ The person submitting this information sheet is authorized to submit the information on behalf of the Sponsor. By submitting this information to the State Agency for approval, the Sponsor certifies that all information provided herein is true and accurate, that the site has been visited to ensure it has the capability and the facilities to provide the meal service planned for the number of children anticipated to be served. The Sponsor acknowledges that this information is being given in connection with the receipt of Federal funds and that deliberate misrepresentation may subject the Sponsor to prosecution under applicable State and Federal criminal statutes.

[Submit] [Cancel]

Pricing Programs:
Fill in price for meals (N/A in Alaska)

.

Enter the number of attending participants in the categories. Put zero (0) if you have no participants in that category.

Certify and

Click "Submit" to save information.

Post Confirmation

The **Center Information Sheet** was posted to the database with a status of **Errors Detected**.

The form entered failed to pass the edit process because of either incomplete or incorrect information. These errors must be corrected before the form can be approved by EED. Please return to the entry form to review the errors and make the necessary corrections.

Click here to go to the Center Information Sheet Listing or select another option from the menu above.

If you have not completed form it you will get an Error. You can go back in and "Edit" the site sheet at any time.

You should expect an Error if you haven't filled in the enrollment information from your OMER or your for-profit eligibility information (if you are a for-profit center). We understand that this is normally the last piece of your "paperwork". We will not pay your October claim until all your paperwork is submitted and approved.

Sponsor Summary — CACFP New Sponsor (500)

↓ Bottom of Form

Packet	Applications	Claims	Payments	Users

Item	Req	On-Line Forms Description	Count/Date	Status
1	✳	Sponsor Information Sheet		Pending Submission
2	✳	Center Information Sheets	1 of 1	Pending Submission

> Sponsor Summary

Program Year: 2018

Item	Req	Off-Line Forms Description		Date Sent	Date Received	Date Complete
3		Simple Food Service Budget	📊			
4		Instructions for Completion of Food Service Budget with Details	📄			
5	✳	Complete Food Service Budget with Details	📊	8/20/2017	9/1/2017	9/1/2017
6	✳	NPFS Financial Report	📄	10/20/2017	10/20/2017	10/20/2017
7	✳	One Month Enrollment Report (OMER) for Child Care Centers & OSHC	📊	10/2/2017	10/2/2017	10/2/2017
8		One Month Enrollment Report (OMER) for Adult Care Centers	📊			
9		Vended Meal Agreement	📄			
10	✳	Child Care Standards Certification	📄	9/1/2017	9/10/2017	9/10/2017
11		Unaffiliated Site Information and Agreement	📄			
12	✳	Activity Documentation for At-Risk Programs		9/1/2017	9/1/2017	9/1/2017
13		Area School Boundary Documentation for At-Risk Programs-- Must Submit if choosing to use current school year percentage				
14	✳	Cycle Menus		6/30/2017	6/30/2017	7/15/2017
15		Confidential Income Statement (CIS) Packet	📄			
16		CACFP Child Enrollment Form	📄			
17		CACFP Adult Enrollment Form	📄			
18		Certification of Principals	📄			
19		Management Plan	📄			
20		Site Monitoring Form	📄			
21		At-Risk Afterschool Meals Site Application List	📄			
22		CACFP Training Agenda	📄			
23		CACFP Medical Statement	📄			
24		Field Trip Notification Form	📄			
25		CACFP Claim Calendar FY2018	📄			
26		CNPweb User Authorization Request and Signatory Authority (New Users Only)	📄			
27		CNPweb User De-Authorization Request	📄			
28		CACFP Administrative Review (Appeal) Procedures	📄			

Click here to Update Dates on Off-Line Forms

☐ Check here and click on the "Submit" button below to submit forms to the State for Approval.

(Once the forms have been submitted to the State Agency, no additional changes can be made prior to Approval.)

[Submit]

Under the Packet Tab you will see an asterisk next to the forms you must download, complete & submit to the state.

The database will create a required list for your agency from the answers you provide on your site and sponsor sheets.

There are many extra forms for your reference that you may download.

When you've completed the sponsor sheet and all your site sheets and have submitted all the required documents listed under the Packet Tab you can then submit the entire packet to the state for approval.

You will receive an approval letter via e-mail that should be kept with all your FY2018CACFP paperwork.